

**CITY OF JUNCTION CITY, KANSAS**

**POLICE DEPARTMENT**

**INSTRUCTIONS FOR RESERVE APPLICANTS**

Applications must be filled out by applicants in their own handwriting, signed by them and returned to Officer David E. Edgar of the City of Junction City Police Department 210 E. 9<sup>th</sup> St. Junction City, Kansas 66441. It is necessary for the witness of a Notary Public when an applicant signs page one (1) and page two (2) of the application. A Notary Public is usually available at the Police Department.

Each application needs to include the names of three (3) reputable citizens of the State of Kansas not related to the applicant, nor holding a political office, and having known the applicant for at least three (3) years.

Applicants must not be less than 21 years of age for the position of Police Reserve Officer at the time of examination, and have a high school education or equivalent. Applicant must be a citizen of the United States at the time of examination.

No person is eligible for appointment that has ever been convicted of any crime under any City, State or United States laws unless, in the opinion of the City Manager and the Chief of Police, it is of minor importance.

Willful misrepresentation of any fact or statement made in this application will make the application automatically void and will be cause for dismissal if the person having made them is already employed. The completion of this application is not an examination. The examination will follow later if your application is given favorable action. Copies of the following, if applicable, are needed at the time the application is submitted: High school diploma, college transcripts, DD214, military discharge papers, GED equivalency. A resume may also be attached to the application.

Applicants will be required to submit to a written examination, credit investigation, background investigation, interview by the Chief of Police and final approval by the City Manager. Each of the foregoing examinations, investigation and interviews are separate parts of the application process and must be passed satisfactorily as individual units in the process for the applications to continue to the next phase of the hiring process.

Failure to any one of the phases of the process by the applicant will cause the process to stop, and the applicant will not be able to re-apply for a period of one (1) year.

The forms herewith attached must be completed as fully and as correctly as possible.

I, \_\_\_\_\_, have read the foregoing instructions for applicants and fully understand them and have complied with them to the best of my ability.

\_\_\_\_\_  
Applicant's Legal Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

**WAIVER**

**PLEASE READ CAREFULLY**

I agree to submit to written and/or typing examinations, credit and background investigations, and oral interviews as deemed necessary by the Police Department. I also understand that I must successfully pass all the foregoing examinations, investigations and interviews before being finally accepted for employment with the City of Junction City, Kansas, as an employee.

I hereby authorize all previous employers, schools, colleges, financial institutions, hospitals and doctors to furnish to the City of Junction City Police Department my records, reason for leaving and all information they may have concerning me and I hereby release them and the City of Junction City Police Department from all liability for any damage whatsoever arising therefrom. I also authorize the City of Junction City Police Department to receive from any criminal justice agency any record that may be on file concerning me and hereby release them and the City of Junction City Police Department from any damages whatsoever arising therefrom.

I further authorize the City of Junction City Police Department to investigate all information and statements given in this application.

I have been advised that the City of Junction City, Kansas and the Junction City Police Department have a responsibility to the public for uninterrupted service. In signing this application, I signify my intention, if hired, to do everything within my power to assist to carry out this obligation.

In the event of my employment by the City, I agree to abide by all presently active and subsequently issued rules and regulations of the City of Junction City Police Department.

I understand that in the event of my employment by the City of Junction City, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material herein requested.

I have been advised and agree that this application and all attachments thereto shall remain the property of the City of Junction City.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

CITY OF JUNCTION CITY, KANSAS

Police Department

APPLICATION FOR POLICE RESERVE

Date of application \_\_\_\_\_

I. Personal History

1. Full Legal Birth Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Aliases Used: \_\_\_\_\_

3. Nicknames: \_\_\_\_\_

4. Previous Married Names: \_\_\_\_\_

5. Current Married Name: \_\_\_\_\_

6. Address: Street \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Are you over the age of 18? \_\_\_ Yes \_\_\_ No Are you over the age of 21? \_\_\_ Yes \_\_\_ No

8. Social Security Number \_\_\_\_\_

9. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

10. Citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. If Naturalized Where \_\_\_\_\_ When Naturalized \_\_\_\_\_

12. Are you a resident of Junction City? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. If yes, how long? \_\_\_\_\_

14. If no, where do you claim residence? \_\_\_\_\_

15. Give complete addresses where you have resided for the past ten years.

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

**II. Credit History**

16. Do you maintain a Checking Account? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. If yes, where \_\_\_\_\_ Account No. \_\_\_\_\_

18. Average monthly balance after bills are paid: \_\_\_\_\_

19. Do you maintain a Savings Account? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. If yes, where \_\_\_\_\_ Account No. \_\_\_\_\_

21. Average monthly balance: \_\_\_\_\_

22. Do you possess Credit Cards? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

23. Do you have any other Charge Accounts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Acct No. \_\_\_\_\_ Monthly Average \_\_\_\_\_

24. What is your total monthly monetary pay out as near as possible (rent, food, credit cards, charge accounts, house payments, child support, alimony, car payments, telephone, and utility bills?)  
\_\_\_\_\_

25. Are you now or have you ever been delinquent on any bills or payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

26. Do you own your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

### III. Employment History

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List the jobs you have held during the past ten years, beginning with your present or most recent position. Furnish all information requested on each job. Blanks for six positions are provided. If you have worked at more than six jobs in the past ten years, list those additional jobs on the back of this sheet, providing the same data requested on the front. If you have been in the military ten years or longer, also list the last two civilian jobs held prior to entry into the service. Also, applicants should list any part time jobs held. If more room is needed, use the back or attach a separate sheet.

27. Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer (Name of Company) \_\_\_\_\_

A. Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Job Description \_\_\_\_\_

C. Employed From \_\_\_\_\_ To \_\_\_\_\_

D. Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E. Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

28. Were you ever fired or forced to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No

29. If yes, where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. Education Background

30. Education	Circle Highest Completed	Name & Address of School	Years
Grammar School	1 2 3 4 5 6 7 8		
High School	1 2 3 4		
College	1 2 3 4 5 6		
Other			

31. If GED, give: Date \_\_\_\_\_ Location \_\_\_\_\_

32. Can you Type? \_\_\_\_\_ Yes \_\_\_\_\_ No

33. If yes, how many words per minute? \_\_\_\_\_

34. Do you speak any language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

35. Are you willing to submit to further schooling to better equip yourself for your work in the Police field? \_\_\_\_\_

36. Can you write? \_\_\_\_\_ Yes \_\_\_\_\_ No

37. Can you read? \_\_\_\_\_ Yes \_\_\_\_\_ No

### V. Medical History

38. Have you ever violated the provisions of The Drug-Free Workplace Act of 1988 by using any of the following while in the workplace?

- Narcotics (heroin, morphine, etc.)
- Cannabis (marijuana, hashish)
- Stimulants (cocaine, diet pills, etc.)
- Depressants (tranquilizers)
- Hallucinogens (PCP, LSD, "designer drugs", etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

### VI. Court History

39. Do you drive a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

40. How many years have you been driving a vehicle? \_\_\_\_\_

41. How many accidents have you had driving a vehicle? \_\_\_\_\_

If any, describe and give dates & locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

42. Have you received any traffic citations in the past ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date	Charge	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

43. Do you currently have liability insurance on your vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

44. Has any company ever denied you insurance on your vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

45. Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give circumstances, location date and disposition. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46. If convicted, give sentence of court. \_\_\_\_\_

\_\_\_\_\_

47. Have you ever had any court record expunged? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give charges, location and date. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. Military History**

48. Have you ever served in the Armed Forces of the United States or any other Country?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give branch of service, rank attained, Entrance/ETS/Discharge dates. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

49. What type of Discharge did you receive? \_\_\_\_\_

50. Were you ever dishonorably discharged from Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51. Did you ever receive any disciplinary action of any type while in the Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

52. Did you ever receive any type of hardship discharge from the Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII. General Information**

53. Do you understand that if hired with the Junction City Police Department, you may be required to perform various tasks depending on departmental needs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

54. Do you agree to work days, evenings, or nights as assigned by departmental needs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

55. Do you have any family member now working for this department? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and position. \_\_\_\_\_

56. Briefly explain why you want to become a member of the Police Department in Junction City, Kansas.

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**IX. References**

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List three people who have been personally acquainted with you for more than three years. Residents of the State of Kansas, if possible.

1. Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ How Long Known \_\_\_\_\_

2. Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ How Long Known \_\_\_\_\_

3. Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ How Long Known \_\_\_\_\_

# JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages based on having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Junction City and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Junction City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Junction City retains the same right."

"I understand that prior to being offered employment with the City of Junction City, I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the City of Junction City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City of Junction City reserves the right to require medical documents concerning the need for accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or part, at any time."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## JUNCTION CITY IS AN EQUAL OPPORTUNITY EMPLOYER

Do not write below this line.

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### FOR OFFICE USE ONLY

\_\_\_\_\_  
Approved by Department Head

Date to begin work \_\_\_\_\_  
Department \_\_\_\_\_

\_\_\_\_\_  
Approved by City Manager

Job Title \_\_\_\_\_  
Rate of Pay \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name \_\_\_\_\_

Address (No. & Street) \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Position Applying For: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**Affirmative Action Data: This sheet is detached prior to the application screening process.**

The City of Junction City is committed to an Affirmative Action Program. For the purpose of effectively implementing the program, we would appreciate if you would provide the following information. **This information is entirely voluntary and will remain confidential.** Place an "X" in the appropriate box for each category.

**Gender and Race Data**

Male  Female

**Racial/Ethnic Categories**

- White** – All persons having origins in any of the original peoples of Europe, some North African countries, or the Middle East.
- African American/Black** – All persons having origins in any of the Black racial groups of Africa.
- Hispanic/Latino** – All persons of Mexican, Puerto Rican, Cuban, Central/South America or other Spanish culture or origin.
- Asian/Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian/Alaska Native** – All persons having origins in any original peoples of North American and who maintain cultural identification through tribal affiliation or community group.

**Disabled Applicants**

If you need any accommodation in the application, testing or interview process, please contact the Administrative Services Director at 785-238-3103, extension 112 to request such accommodation at least one week prior to your appointment.

**Referral Source**

How did you learn about this position? \_\_\_\_\_